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LEADING CHANGE:

TRANSITIONING THE AFMS INTO A HIGH RELIABILTY ORGANIZATION

by

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Biography

Colonel Robert Bogart is a U.S. Air Force Dentist assigned to the Air War College, Air University, Maxwell AFB, AL. He graduated from the University of Florida in 1989 with a Bachelor of Arts degree in Political Science and the Medical College of Georgia in 1997 with a Doctor of Medicine in Dentistry. He is a graduate of two residencies and a fellowship. He is also a graduated squadron and group commander.

Abstract

Healthcare needs to improve its ability to provide consistently safe care. According to The Institute of Medicine 1999 report, *To Err Is Human: Building a Safer Health System*, an estimated 44,000-98,000 unintended patient deaths occurred annually. Healthcare is not a high reliability organization; high reliability organizations (HRO) operate in dangerous environments and yet remain largely error free. Successful HROs, such as commercial aviation and nuclear power plants, make safety the focus of their organizational culture. Healthcare must become a high reliability organization that can consistently provide high quality care to patients in a safe environment. In October 2014 the Secretary of Defense directed improvements to the Military Health System including the movement to become HROs. The Air Force Medical System (AFMS), under the guidance of the Air Force Surgeon General, is beginning its transition to a high reliability organization. Successful transformation begins with understanding and changing the organizational culture in all military treatment facilities (MTFs). Active leadership support and involvement at all levels is crucial to a successful transformation. Air Force medical personnel must be educated about HRO concepts and be empowered to apply them in their daily work. MTF leaders must create and sustain an environment of trust and "collective mindfulness." Every Air Force medic needs to know they are valued, and empowered to suggest changes and stop processes or procedures that put patient safety at risk. The AFMS has multiple resources it can use to measure improvement in patient safety and quality. Useful data showing successful areas and areas that need improvement needs to be easy to read, publically available and shared so that leaders, medics, patients and others know how Air Force clinics and hospitals are doing in their transformation into high reliability organizations.

The majority of medical errors do not result from individual recklessness… errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.

-Institute of Medicine, *To Err Is Human*

Introduction

Patients deserve and expect outstanding healthcare when visiting an outpatient clinic or a hospital. The goal of expertly trained healthcare professionals is to provide high quality care to all their patients. However, healthcare professionals are not meeting patients' expectations or their own professional goals. In 1999 the Institute of Medicine (IOM) report, *To Err is Human* revealed that unintended patient deaths ranged from 44,000 to 98,000 annually.[1] These deaths were the result of accidental medical errors. The Institute, in 2001, published *Crossing the Quality Chasm: A New Health System for the 21st Century*. This report related patient safety to complex processes, explaining that systems of healthcare delivery, not people, lead to errors and these systems needed to be improved.[2] The Institute explained that when errors occurred, patients lost trust in the healthcare system and healthcare workers morale declined.

The healthcare system and the federal government, while seeking to improve the quality and safety of patient care, were impressed with high reliability organizations (HROs). The nuclear industry and commercial aviation are examples of successful HROs. They achieve their goal of near zero errors by maintaining a culture of "collective mindfulness" in which workers look for, report, and fix small problems before they become big problems.[3] The Air Force Medical Service (AFMS) goal is to become a HRO to meet its goal of consistently providing patients the highest quality care in a safe and error free environment that the AFMS calls Trusted Care.[4] This research paper argues for the importance leaders play in ensuring MTF organizational culture successfully transforms into a HRO. Leaders must develop an organizational environment of trust, which facilitates the empowerment of Airmen to speak up and solve problems. Leaders must stay visibly engaged in their organization and lead by example. Therefore, this paper

explains the concept of high reliability organizations (HRO) and consequently why the AFMS is transforming into a HRO. This paper will also examine some of the dynamics of organizational cultural change and accordingly recommend actions leaders should take to help them successfully transform their organization into HROs in order to sustain a HRO. The overall intent of this paper is to educate AFMS leaders at all levels about organizational culture enabling them to create an environment that facilitates the transformation of military treatment facilities (MTFs) into HROs.

High Reliability Organizations

In 2013 the Aviation Safety Network declared 2012 "the safest year for air travel since 1945." There was only one fatal crash for every 2.5 million flights, an improvement over the ten-year average.[5] Highly complex professions like aviation, nuclear power plants, and healthcare are occupations where a mistake could result in great harm.[6] The five principles associated with HRO culture are: preoccupation with failure, reluctance to simplify, sensitivity to operations, commitment to resilience and deference to expertise.[7] According to experts, HROs embrace the concept of, "collective mindfulness." All employees of the organization have a constant concern and preoccupation about the possibility of failure even when all is going well.[8] All employees look for and report problems before they pose a risk; because they fix problems while they are small, HROs rarely have significant accidents.[9] When unexpected events occur, the organization has the ability to adapt. Though each member is task focused, they also are aware of the bigger organizational picture; this gives them the ability to change priorities, as a situation requires.[10] HRO organizational culture expects engaged employees. Failure can be the result of varying factors, such as inadequate training, poor communication and lack of following

procedures; HROs avoid oversimplifying the potential causes of an incident. Being sensitive to operations describes how employees look at their processes to identify and change potential errors before they cause an accident. Employees must figure out what needs improvement to prevent the same situation from occurring again. HROs recognize that expertise exists at all levels, from those who perform the everyday process to those in top management. Leadership creates an environment of respect and listens to the insights of employees. Education is important in HROs; all workers, regardless of position or level of responsibility, are educated on safety culture and continuously reminded about it.[11] HRO commitment to resilience means employees receive positive reinforcement for proactively reporting errors. By making error reporting a positive experience, employees report errors early, preventing or reducing the potential of a bad outcome. This helps maintain a stable state, even if an accident occurs.[12]

High Reliability Organizations and Healthcare

Healthcare has a rich history of quality improvement. Ignaz Semmelwies, an obstetrician, introduced hand washing to medical care in the nineteenth-century, a major advancement of that time.[13] Healthcare continues its quality improvement journey as it transforms into an HRO, where each customer (patient) receives safe, high quality care every time. Putting HRO concepts into practice begins with leaders at all levels thinking about how the care they provide could become better. [14] Patient safety is not an outcome of care, instead, it should be part of patient-centered competencies, designed to minimize harm and improve quality of care.[15] Medical educators updated the Hippocratic Oath in 1964 removing old statements that prohibited surgery because modern surgery can benefit patients. Similarly, today some medical educators want to

update the Oath to emphasize the benefits of patient safety.[16] Adding patient safety to the Hippocratic Oath would stress safety as an important part of the decision-making process.

The Department of Defense Military Health System (MHS) has continually strived to provide quality care to its patients. The Secretary of Defense, in May 2014, ordered a comprehensive review of the MHS, focusing on access, quality and safety, examining both MTF and purchased care. A MHS working group completed the review and made recommendations. On 1 October 2014, the Secretary, addressing the working group's recommendations, directed improvement in access to care, quality and safety, transparency and patient engagement, and for MTFs to become HROs.[17] Following the Secretary's instruction the AFMS immediately began its transformation efforts.

AFMS Transformation

The Air Force Surgeon General, Mark A. Ediger, created "A Trusted Care Transformation Task Force," led by Col Linda Lawrence, to synchronize all high reliability efforts.[18] The task force evaluated the AFMS current state, then released the Trusted Care Concept of Operations (ConOps), October 2015, describing the AFMS future desired state. The Trusted Care ConOps is the guiding document that describes the Trusted Care vision. According to General Ediger, our steadfast goal is to eliminate harm to our patients by identifying and eliminating risk before it becomes a harmful error.[19] The AFMS will become a continuous learning and improvement organization, with a single-minded focus of safety and zero harm.[20] The ConOps explains that HRO transformation may take years, therefore, all medics need to begin the journey now. The AFMS transformation uses four concerted lines of effort:

Leadership Engagement, Culture of Safety, Continuous Process Improvement and Patient Centeredness.[21]

The ConOps also explains the importance of measurement. Wing commanders receive a Heads-Up Display (HUD) that gives them a snapshot of their MTF's performance in quality, access, satisfaction and other areas. The HUD and other reporting systems will require adjustments to give more enterprise-wide patient safety information. According to Col Lawrence, the biggest challenge facing successful implementation of HRO culture in the AFMS is articulating the message in a way that gives all medical personnel "the right sense of urgency."[22]

Medics need to understand what a HRO is, and leaders must create an environment that supports it. Building a sense of urgency is critical, because some medical personnel will not see a need to change; if the front line does not see leadership changing, they will not change either.[23] The AFMS may utilize strategic partnerships with organizations that provide the depth and expertise the AFMS does not currently have to make the HRO transformation successful.[24] To measure patient perceptions, the AFMS will utilize tools it already has like TRICARE outpatient and inpatient surveys. Col Lawrence explained that it is hard to directly measure whether a MTF is successfully transforming into a HRO, therefore, the AFMS will develop a survey that measures trusted-care principles behavior changes, such as the level of trust and satisfaction medics believe to exist in their MTF. Trust has consistently been the lowest area of staff feedback in the Agency for Healthcare Research and Quality (AHRQ) triannual survey. Historically, more than half of the AFMS medical personnel felt a punitive culture existed when they reported errors.[25] That culture undermines the HRO philosophy of every medic being a problem solver and feeling empowered to stop a process. Leader behavior is important. Leaders

must understand HRO culture so they change their behaviors, create a just culture of accountability, and consistently provide positive recognition for reporting errors. Leaders also should fix system issues so people will not make errors. Leaders need to support the staff through better process improvement training and leader coaching to remove barriers resulting in safer more enjoyable work environments that bring value to the patient.[26] Another important aspect to transformation is an understanding and appreciation of organizational culture.

Organizational Culture Dynamics

Engaged leadership, supporting and empowering people at all levels, is a goal of AFMS Trusted Care. Explaining organizational dynamics is important to ensuring leaders understand what actions they need to take to facilitates change. According to Susan L. Steen, PhD, of the Air Force Culture and Language Center, people are "predisposed to change when the right conditions are present."[27] In an organizational context, people will support change if the current environment is dysfunctional, or if the leadership frames the changes in a way that employees perceive as beneficial."[28] AFMS leaders need to show medics the benefits of HRO culture. How quickly change occurs depends on whether an organization is vertical or flat.

In a flat organization, communications flow quickly because there are fewer formal levels of management. The traditional vertical structure of larger organizations contains numerous layers, making it slower for ideas to trickle down. However, the military is a traditional vertical structured organization that can order change; therefore, ideas and changes travel faster in the military than they would in a traditional vertical organization. Employees in flat structures are more receptive to change, not only because organizations are leaner, but also because their culture is all about rapid change.[29] Military organizations steady state behavior is similar to a

traditional vertical organization, a culture comfortable with stability and resistant to change, having its own values, roles, and ways to communicate, the difference is that military organizations can order change.[30] Successful change requires employees to know what the change is, why the company needs to change, and how implementation will affect them.[31] Resistance to change also occurs when leaders fail to explain.

Leaders must define the need for change; not making the rationale clear or relevant leads employees to think change is unnecessary.[32] Employees want to know when the change is going to occur; lack of details leads to speculation and rumor, causing concern and workplace disruption. Including employees in the decision-making process is necessary: otherwise, they will feel that change is being forced on them, and that their ideas are not valued. Actors against organizational change include employees invested in the old way. They have an emotional attachment, and are comfortable with the way things are. Leaders can try to change worker behaviors by changing their own way of thinking, and hope that people change behaviors, or leaders can adjust their behaviors and hope this leads personnel to new thinking.[33] A good leader helps people see the new culture by being in front, demonstrating how to implement the new culture in the workplace.[34]

People fear the unknown, and leaders can overcome this by successfully making one change, and leveraging that win to begin changing other behaviors.[35] Employees fear failure, loss of status, and losing power or influence.[36] Employees may be required to develop new skills and perform new duties; some employees will worry they cannot learn the new skills. Finally, employees may lack trust in the leadership to manage the change. Strong leaders deliberately communicate information that prevents or overcomes these fears. Leaders need to realize that it

is hard to over-communicate; there will inevitably be people who have not heard the message. The message must be clear, consistent and communicated through a variety of means.[37]

A dynamic leader who believes in the vision is more likely to get people to buy into their vision. Leaders should set up employee forums and introduce storytelling to help people envision a successful future.[38] Leaders then need to build their systems and processes around the vision to reinforce and support it. They must describe rewards and benefits to employees such as financial incentives or promotion opportunities.[39] Everett Rogers' Diffusion of Innovation theory describes the impact a trusted insider has as a change agent. The change agent believes in the new organizational culture, convinces others and the idea diffuses to others and helps accomplish change.[40] Successful organizational change also requires educating employees.

Learning methods include face-to-face instruction, computer-based instruction, and telephonic or video conferences. No learning method is preeminent; it depends on the structure and nature of an organization. Individual learning styles affect the success of different methods therefore mixed methods are the best approach to capture a variety of learning styles.[41] Organizations can cover these different learning approaches through conversations, storytelling, culture building, reading material and building training exercises around the new ideas. Subsequent use of online refresher training can sustain the newly learned behavior. The method does not matter as much as successfully embedding the culture change.

Successful embedding occurs when employees of the organization all give similar answers when asked about their organizational culture.[42] Step one is successfully changing a culture, while step two sustains the change. To sustain a changed culture, leadership must repeatedly articulate a clear vision to every level, and in multiple formats. New manuals and

professional development must reinforce and institutionalize the change.[43] Employees must have a voice in continuous improvement through open forums and question and answer sessions. Inspirational leadership creates opportunity for educated and informed employees to build trust and investment in an organization.

Inspirational Leadership

Great leaders inspire people to act; they give people a sense of purpose and belonging, independent of external reward.[44] These leaders are able to connect at a personal level, and those they inspire will act to help the entire organization.[45] Leaders should follow "The Five Practices of Exemplary Leadership" and model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.[46] To model the way, leaders must first know their own values and then they must lead by example, in words and actions.[47] Inspiring a vision requires leaders to clearly articulate goals about the future with enthusiasm and excitement.[48] Challenging the process requires leaders to find opportunities and make improvements.[49] Leaders cannot do it themselves, they must enable others to act and create new leaders.[50] Leaders must celebrate people's success in a genuine way, not only will it build morale; it shows others that they care.[51] A leader's behavior effects organization success, the more a leader engages the more they build loyalty, motivation and pride. Visiting clinics connects leaders with front-line medics, allows leaders to discover if information is getting to everyone, and it presents opportunities to help solve problems.[52] It is unreasonable to expect leaders to be spontaneously enthusiastic all the time but exuding optimism, confidence and being approachable are valuable attributes for leaders to display when they interact with medical staff. Leadership is not easy, while leaders are not expected to be ceaselessly perfect they are expected to conduct themselves

professionally to be role models. Sometimes leaders need to act deliberately to be inspirational. Leaders who want to inspire can be efficacious if they are genuine. People trust authentic leaders. This paper will now review some specific actions leaders need to perform in order to facilitate the creation of a HRO environment.

Leadership Actions

Trust is central to human relationships; it is both what people think and how they feel. Leaders must create a climate of trust through opening up and telling others what they stand for, being candid and showing concern for others.[53] Listening to others shows respect for them and their ideas, when you listen to them, they will be more open to your ideas. MTF leaders should always work to help their people; a leader who believes the organization exists to serve them will lose the trust of their people.[54] Leaders maintain trust when they consistently show they value and support their people. Authentic leaders intentionally define and build cultures that further the mission, vision, and values of their organizations.[55]

Leadership attributes needed for success are motivation for excellence, passion for constant improvement, a humble approach, and a culture of integrity.[56] A flaw with the current AFMS top-down leadership style is that only the leader's opinions and knowledge count in decision-making; therefore, instead of being empowered, everyone in the organization looks to the leader for guidance.[57] MTFs operating as HROs will consistently empower and support every medic. Leaders have to be visible, active, engaged, and approachable to help their people.[58] Leaders must trust and empower their medics to speak up and stop a process, admit to a mistake and appreciate them for their "mindfulness."[59] MTF leaders need to praise medics for admitting mistakes, catching errors, and sharing the truth. Leaders should also share hard truths; when

people know their leaders are truthful and direct, it builds trust, and facilitates a culture of openness.[60] Leaders ought to regularly visit team huddles and encourage teams to have an open discussion about challenges and their plan to overcome them. Leaders never make up answers; if they do not know an answer, they take a note and get the answer back to the team. If the leader cannot get the team what they want the leader must clearly explain why.

HROs have demonstrated that properly trained employees are a tremendous asset. New employees need to learn about HRO culture when they start and then bring it to their work area to reinforce HRO concepts. New employees will assume an environment of trust exists and speak up to prevent errors or offer process improvements, MTFs must have an environment that supports new employee behaviors. Studies show that effective training breaks down communication barriers and leads medical professionals to respect each other's opinions, which also facilitates an environment of trust.[61] Training MTF personnel on standard processes also reduces errors and increases safety

Increased patient safety results from leaders creating and maintaining supportive and empowering relationships with the medical staff. Listed in easy to review figure 1 are many of the actions this paper has discussed and recommended that leaders take. To facilitate understanding figure 1 illustrates leader behaviors, medical staff actions and the positive outcomes that result from their collaboration. The goal is the creation and sustainment of a HRO culture benefiting patients and all medical personnel. The left side of figure 1 lists the attitudes and actions that leaders must create and take. The right side of figure 1 enumerates the medical staff perceptions and activities created by successful leadership. The synergy resulting from leader and medic actions produces the myriad of listed benefits in the middle of figure 1. The patients benefit through increased patient safety and quality of care. The patients, leaders and

medical staff benefit from increased morale and efficiency. Ultimately, everyone benefits from the combined effects and subsequent creation of an HRO environment as illustrated in figure 1. The discussion will now change its focus from creating an HRO environment to measurement tools. An MTF leadership team ultimately wants to know if they are successfully transforming their organization into a HRO

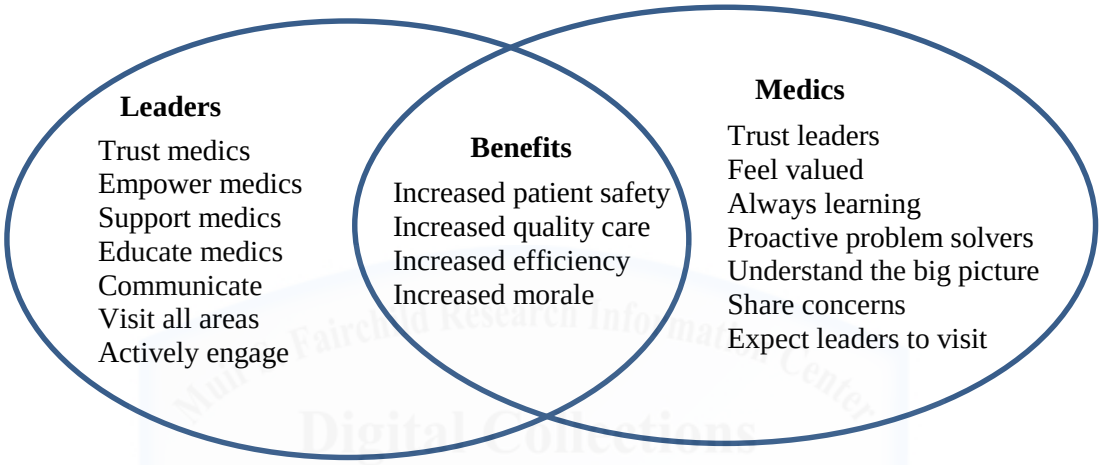

Figure 1 Benefits Diagram (By author)
Leaders create a HRO culture supporting **Medics**; together they increase patient safety and other **Benefits**.

Tools

A tool that measures the transformation of an organization into a HRO does not yet exist. However, the AFMS does have a number of tools it can use to measure aspects of the transformation. These tools include independent healthcare organizations, patient opinion, commanders, and federal agencies. The Joint Commission (JC) is an independent nonprofit that accredits healthcare organizations in the United States. The JC evaluates medical organizations by a combination of facility visits, interviews, patient feedback and objective data. In 2008, the JC created the Center for Transforming Healthcare, which works with 20,000 plus healthcare

organizations to solve safety and quality problems.[62] The Joint Commission is actively involved in helping healthcare organizations transform into HROs; MTF leaders can use Joint Commission visits and tools to improve specific areas.

AFMS clinics elicit patient opinion through direct feedback, customer comment cards and through TRICARE. TRICARE is contractually required to obtain patient's opinions about their medical care through phone and mail interviews. The interviews collect opinions from patients who received MTF and/or purchased care. A modified TRICARE survey could capture if patients are seeing changes that reflect HRO transformation. The survey could ask patients if any errors occurred during their visit, and, if so, how they were resolved. Updating the survey questions to reflect HRO concepts will help leadership know which areas are doing well, and where to focus improvement efforts. The Agency for Healthcare Research and Quality (AHRQ) wants to identify the most effective ways to organize, deliver high-quality care, reduce medical errors and improve patient safety.[63] The DOD and AHRQ successfully collaborated to create TeamSTEPPS, a training program designed to improve patient safety, communication and clinic teamwork skills. The AFMS could collaborate with the Agency for Healthcare Research and Quality (AHRQ) again, like the Comprehensive Unit-based Safety Program, tested in 1,000 U.S. hospitals, resulting in a forty-one percent reduction in infections, to help its HRO transformation.[64] As described the tools currently available are both valuable and limited. The tools are independently good at measuring specific parameters but limited in their ability to give holistic feedback on an organization's journey toward becoming a HRO. Both civilian and federal agencies are actively developing new measurement tools that will aid healthcare organizations assess their progress in becoming a HRO. Though tools can provide valuable

metrics this paper has emphasized that leaders ultimately provide the foundation and inspiration that pilots an organization to become a HRO.

Conclusion

This paper has described why healthcare organizations need to become high reliability organizations, the importance of understanding organizational culture dynamics, the impact of an inspirational leader and discussed the value of measurement tools. Healthcare professionals care about patients; they strive to provide the highest quality care in a safe environment. Unfortunately, the Institute of Medicine reports showed that healthcare organizations are not currently providing the safest, high quality healthcare. Healthcare organizations discovered that HROs, such as aviation and nuclear power plants, consistently achieve their goal of near zero errors. This occurs because individuals working in HROs are empowered, educated, efficient and collectively mindful. Both civilian and military healthcare organizations believe that the culture created and sustained in HROs is the key to improving patient safety. The Secretary of Defense directed a Military Health System review. The resulting working group recommendations included improved access to care, increased patient safety and for MTFs to become HROs. Consequently, the AFMS Surgeon General chartered the Trusted Care Task Force, which then created the Trusted Care ConOps. The ConOps is the AFMS transformation guidance document. An unambiguous takeaway of this paper is that HRO transformation does not happen without active leadership, it requires engaged leaders that deliberately establish an environment of trust throughout their organizations. AFMS leaders must create an environment that empowers, supports and optimizes the performance of all medics. Creating this environment requires leaders to be purposeful and dedicated in their daily actions. Change does not occur on its own

or following a series of staff meetings. To be successful, MTF leaders need to understand the dynamics of organizational change and ensure they create and sustain conditions that facilitate change. Leaders must be visible and actively engaged in all areas of their organization; they need to ensure medics feel empowered to make changes that benefit patients. Medical staff members can discern if leaders are sincere or just going through the motions when delivering a message. The staff will follow a genuine leader who through their actions repeatedly demonstrates that they care. It is true that authentic leaders inspire but it is also true that all leaders can inspire by taking deliberate consistent actions that support the medical staff. Leaders need to ensure that all medics know they are expected, and supported, to speak up to prevent patient safety errors and make changes that improve processes and efficiency. Leaders, at all levels, who constantly demonstrate support and reward medic actions that reflect HRO culture, will see improved patient safety and quality. Leaders will also see an increase in morale and patient satisfaction. Tools that flawlessly measure HRO transformation do not currently exist. However, there are tools that will help the AFMS complete and sustain the HRO transformation such as in-house patient surveys, Heads-Up Displays (HUD), Joint Commission visits and initiatives, TRICARE patient surveys, and the Agency for Healthcare Research and Quality (AHRQ) programs. These tools can provide valuable objective feedback that gives leaders knowledge about areas performing well and areas that need to improve. A consistently supported and empowered staff will also have a higher morale. This will be reflected in higher patient satisfaction, because patients will experience better access and visits that are more efficient. Engaged MTF leaders and medics will successfully transform the AFMS into a HRO and our patients, staff and nation will be better for it.

Appendix A

Summary of interview notes* Susan L. Steen, PhD, Assistant Professor of Cross-Cultural Communication, Air Force Culture and Language Center, 29 Oct 2014.

1. **Question:** Why are people resistant to change?
    a. **Dr. Steen's response:** People aren't necessarily resistant to change. We are predisposed to change when the right conditions are present. In an organizational context if environment is dysfunctional or it might be a function of leadership that sets the stage that would be perceived as beneficial to the employees and the organization. An organizational culture comes with a set of values, roles, ways of communicating that resist change. Beliefs and processes of all these systems reinforce each other in ways that makes an organization resistant to change. Introduction of a change for a singular process might make a difference for a short period but it might not be sustained. Look at Leadership Saves Lives program.
2. **Question:** Is change easier in a hierarchical (military) society?
    a. **Dr. Steen's response:** It depends. In a flat organization communications flow more quickly because there are fewer formal levels of management to share ideas with. The rate of change would change faster in a flat organization. A hierarchical organization like the military can write edicts and expect them to be followed. Vertical structure lots of layers is traditionally slower takes a while for ideas to trickle down. In the military, there are consequences to not following ideas and changes. Speed of change, flat structures are more receptive to change.
3. **Question:** How many years does it take to change an organization?

a. **Dr. Steen's response:** It depends on the nature of the organization, hierarchical or flat. The size and kind of change-singular process vs. wholesale cultural change what we are doing, how we do it and why it is done. If a leader comes in that is dynamic, articulate a vision. Get people to buy into a vision. Step up forums. Introduce storytelling. Help people envision a successful future. Then they build their system and processes around that vision that reinforces and support that vision. Use their management tools. What happens if you don't? Referring to the individual maybe there is reward to the company to the individual and the company or maybe there are consequences if the individual does not adhere to the process.

4. **Question:** How does a mobile vs. stable leadership environment affect the ability to change organizational cultural? Military commanders move every 2 years.
    a. **Dr. Steen's response:** It depends. You assume that there has to be some length of time that is the sweet spot for the leader to be in place for the change to take hold. If you have been in organization or 18 years and have seen leaders come and go with their ideas, you might pretend for a while and then go back to the old ways. On the other hand if someone stayed forever that may aid the process of change but may not lead to the buy in.
5. **Question:** What learning method best supports organizational change? Example: face to face vs. computer based vs. teleconferences
    a. **Dr. Steen's response:** It depends on the nature of the organization. An organization that is geographically spread out could just as easily rely on virtual teleconferences etc. Effectiveness is also an issue. It is not the method that

matters it is the imbedding of the innovation of the innovation or culture change. Mixed methods are typically the best approach to capture a variety of learning styles and to hit at the different levels. Triangular approach- learning occurs through conversation, storytelling, culture building, reading material and then having a training exercise built around it and then online refresher training.

6. **Question:** What are some organizational culture factors that slow transformation?
    a. **Dr. Steen's response:** Size, nature, leadership style, many layers, nature of the employees, and other factors discussed.
7. **Question:** Is there a best way to sustain organizational change?
    a. **Dr. Steen's response:** To have leadership articulate the clear vision and share it widely. Use core stakeholders to drive the change. The Everett Rogers Diffusion of Innovation- he helped with USAID and agricultural economies. His theory was to use a trusted insider who becomes a change agent. That person buys in, convinces others and the idea diffuses to others. Get buy in from key trusted insiders to help them accomplish the change. Support the change with things that reinforce the change in very concrete change such as new manuals and profession development. Reinforce values of continuous improvement. Use horizontal communication instead of vertical like story telling persuasion, open forums, Q&A, rather than directives from on high.

        Work with the existing team; do not immediately bring in a new cadre of new managers. Do not start the change process by trying to reorganize. Do not come in with the idea to reorganize just to reorganize. Not defining the need for the change in a way that is clear. Not making the rational clear or relevant to the

employees or the rational for change is perceived as unnecessary or passing thinking.

When people are not notified that a change is going to occur informal networks start talking about upcoming change. When employees are not allowed to contribute their ideas, concerns or not made part of the process this causes resistance.

Poor communication of an innovation, not paying attention to providing an environment where employees can buy in and emotionally engage and not allowing people to participate in the change in a meaningful way prevents change. Additional negatives occur when leadership makes decisions but the people affected are the last to find out about it and people are not allowed to contribute and explain possible consequences.

Actors in the organizational change might be resistant. Change implies something is already there that would be changed. Employees are usually invested in the old way. Whether an emotional attachment or just comfortable with the way things are change does not occur in a complete vacuum.

Culture is embedded or inscribed. Inscribed like Disney World with huge focus on customer service. People are all actors. People are attracted to work at Disney because of that culture. A new leader takes over and says the new focus is now virtual reality, customer service is 2nd. Now focus is on something else.

Actors need to see the new culture as better or more relevant in order for it takes hold. Employees are connected to old way, people are creatures of habit they fear the unknown. Fear of the potential loss of status. Whether formal or

informal leader your power/influence could be lost. People fear failure they think this change will require that I develop new skills and perform new duties and I do not have the skill to do it.

Employees lack trust in the leadership and in the organization itself to successfully manage the change. The perceived or manifest lack of rewards or benefits prevents change. They will have to learn all these new skills, put in more hours, do things that benefit the organization but not necessarily for themselves creating a win-lose perspective. A way to overcome or avoid this is to make it a win–win.

*Not an exact transcript of question and answer session

Appendix B

Summary of interview notes* Col Linda L. Lawrence, Col, (AFMSA/SG3) HRO Task Force Lead, 12 Nov 2015.

1. **Question:** What is the biggest challenge to transforming the AFMS mindset into HRO culture?
    a. **Col Lawrence's response:** I would say starting out not sure, we have built the right sense of urgency of why we need a transformational change. Maybe next week the Senior Leader Workshop that will change. Need all MTF leaders from FltCC on up to get on board and see the urgency. Some people do not see that they need to change and if front line does not see change, they will not change either.
2. **Question:** The AFMS collaborated with AHRQ to develop TeamSTEPPS; are there plans to work with them again to on HRO tools?
    a. **Col Lawrence's response:** Nothing at this time but there are a strategic partnerships that can develop at different times. Resources can be pulled in as needed. Extreme value of strategic partnerships, like IHI and HPI that provide expertise and consultative partnership that help make the organizational transformational change. Those partners provide the depth and experts that we do not currently have.
3. **Question:** Will the AFMS use AHRQ's Consumer Assessment of Healthcare Providers and Systems or a similar tool to measure patient experience related to quality initiatives?
    a. **Col Lawrence's response:** AHRQ no. However, we will have a cultural experience tool and already have TROSS, TRISS patient surveys. Do need some

kind of tool to measure if we are culturally changes. Do use AHRQ patient safety tool 2011 last time- every three years.

4. **Question:** MHS already has the TRICARE patient survey; will questions be modified to capture HRO transformation?
    a. **Col Lawrence's response:** Patient survey tool doesn't really capture HRO transformation. MHS has a resource guide, which lists HRO assessment tools.
5. **Question:** How do you measure HRO change?
    a. **Col Lawrence's response:** No great assessment tool that measures if an organization is moving forward. Know we need assessment tools. Change of behavior around a set of principles – trusted care principles- in development stages a survey, which would provide MTF leadership with feedback- trust, satisfaction, etc. That will provide valuable information. Will be smaller version of larger triannual survey. Trust is consistently the lowest area of staff feedback in triannual survey. More than half of our people think that in reporting errors we have a punitive culture. That undermines every AMN a problem solver and can stop the line if people feel penalized. Not a problem in the aviation community. That is why leader behavior is so important, to understand the science behind it, so they can change their behaviors and create a just culture and foster accountability and recognition. Look for system issues and hold people accountable who make willful errors not people that made error due to system. That would create open environment of reporting. Better training in CPI and barriers are removed and staff makes work environment safer and then more enjoyable to work there and better and more valuable for the patient.

The JC Transformation center talks about Chassin and Loeb's tool. Will do a pilot at AFMS, unfortunately it only measures three areas: leader, culture of safety and process improvement.

6. **Question:** Any changes planned for WgCC HUD metrics?
    a. **Col Lawrence's response:** WgCC HUD is one of our performance management system tools. Just like our dashboard. Transparency is very important in this change; front line needs the data. Due to power structure in Air Force MTFCC reports to WgCC. Measures will change over time. People grouped by peer groups. How you look at data drives behavior. Should aim to make the target assume the target line is the base line of doing a good job.
7. **Question:** Following the November AFMS Senior Leaders Meeting what is next event for Trusted Care transformation?
    a. **Col Lawrence's response:** All the Leaders go home from the Senior Leaders Workshop and begin to create the awareness, understanding and level of acceptance to begin the changes we need the AFMS to go through. Creating an awareness of why we are changing helps get HRO internalized. Inspired and motivated leaders at higher levels adopt and eventually own it. Some people are afraid of change. However, if we follow what we value in leaders we will have a different paradigm that what we have today.
8. **Question:** The Trusted Care ConOps clearly identifies fact that patient safety is a contracted service. If the AFMS plans to alter this, how in a constrained fiscal environment, where growth of GS and AD positions is unlikely, does the AFMS plan to add positions?

a. **Col Lawrence's response:** Trusted care changes whether to patient safety program or other areas will all go through the resourcing process that all others do. It will be carefully evaluated. When done correctly civilian organizations over time reap returns in efficiency. However, at the beginning there is a cost for resources and training. Becoming safer and greater efficiency and standardization will drive process and ability.

*Not an exact transcript of question and answer session

Notes

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